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DATE: June 19, 2008

PTO IDENTIFIER: Application Number 10/762,421  
Patent Number

Inventor: Ashton et al.

MESSAGE TO: US Patent and Trademark Office

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FROM: ROPES & GRAY LLP  
David P. Halstead, J.D., Ph.D.

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Attorney Dkt. #: CDSI-P01-040

PAGES (Including Cover Sheet): 18

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Amendment (10 pages)  
Notice of Appeal (1 page) w/copy  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page) w/copy  
Amendment Transmittal (1 page) w/copy  
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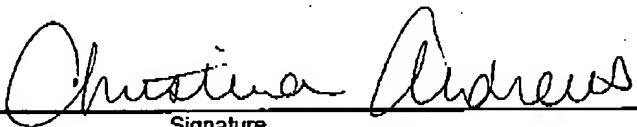
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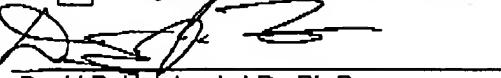
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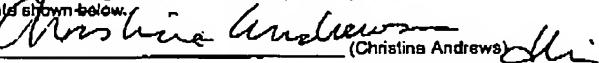
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. CDSI-P01-040
Application No. 10/762,421	Filing Date January 22, 2004	Examiner Aradhana Sasan	Art Unit 1615	
Applicant(s): Ashton et al.				
Invention: SUSTAINED RELEASE DEVICE AND METHOD FOR OCULAR DELIVERY OF CARBONIC ANHYDRASE INHIBITORS				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	40	- 44 =	0	x 50.00 0.00
Independent Claims	5	- 5 =	0	x 210.00 0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Notice of Appeal 510.00 Petition for Three Months Extension of Time 1,050.00				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 1,560.00				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 18-1945 in the amount of \$ 1,560.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: June 19, 2008				
 David P. Halstead, J.D., Ph.D. Attorney/Agent Reg. No.: 44,735				
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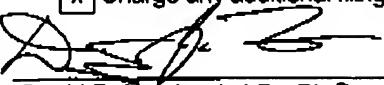
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Signature: 

(Christine Andrews)

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Independent Claims	5	- 44 =	0	x 50.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Notice of Appeal Petition for Three Months Extension of Time				510.00 1,050.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				1,560.00	
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 Dated: <u>June 19, 2008</u>					
David P. Halstead, J.D., Ph.D. Attorney/Agent Reg. No.: 44,735					
ROPS & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7615					

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Dated: 6/19/08Signature: Christine Andrews (Christine Andrews)